State of Utah
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*Lieutenant Governor*

Department of Human Services
ANN SILVERBERG WILLIAMSON
*Executive Director*
Division of Substance Abuse and Mental Health
DOUG THOMAS
*Director*

June 4, 2019

The Honorable Jenny Wilson
Mayor, Salt Lake County
2001 South State St., #N2100
Salt Lake City, UT 84190

Dear Mayor Wilson:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of the contracted Local Authority, Salt Lake County; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

Doug Thomas

Doug Thomas
Division Director

Enclosure
cc: Caroline Moreno, SUD Prevention Bureau Manager, Community Health, Salt Lake County Health Department

Gary Edwards, Director, Salt Lake County Health Department
Tim Whalen, Director, Salt Lake County Division of Behavioral Health Services
Karen Crompton, Department Director, Salt Lake County Human Services

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human services
SUBSTANCE ABUSE AND MENTAL HEALTH

# Site Monitoring Report of

Salt Lake County
Division of Behavioral Health Services and
Health Department

Local Authority Contracts #160237 and #160424

Review Date: February 26th, 2019

## Table of Contents

# Section One:  Site Monitoring Report

## Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Salt Lake County Division of Behavioral Health Services (also referred to in this report as SLCo or the County) and Salt Lake County Health Department for prevention services (also referred to in this report as SLCHD) on February 26th, 2019. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

## Summary of Findings

| Programs Reviewed | Level of Non-Compliance Issues | Number of Findings | Page(s) |
|---|---|---|---|
| ***Governance and Oversight*** | Major Non-Compliance | None | |
| | Significant Non-Compliance | None | |
| | Minor Non-Compliance | 1 | 8 |
| | Deficiency | 1 | 9 |
| ***Child, Youth & Family Mental Health*** | Major Non-Compliance | None | |
| | Significant Non-Compliance | None | |
| | Minor Non-Compliance | 2 | 11-14 |
| | Deficiency | 1 | 14-15 |
| ***Adult Mental Health*** | Major Non-Compliance | None | |
| | Significant Non-Compliance | None | |
| | Minor Non-Compliance | 1 | 18-19 |
| | Deficiency | 3 | 19-21 |
| ***Substance Abuse Prevention*** | Major Non-Compliance | None | |
| | Significant Non-Compliance | None | |
| | Minor Non-Compliance | None | |
| | Deficiency | None | |
| ***Substance Abuse Treatment*** | Major Non-Compliance | None | |
| | Significant Non-Compliance | None | |
| | Minor Non-Compliance | None | |
| | Deficiency | 2 | 26-27 |

## Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Salt Lake County Division of Behavioral Health Services (SLCo) and Salt Lake County Health Department (SLCHD) for prevention. The Governance and Fiscal Oversight section of the review was conducted on February 26th, March 6th, 7th and 12th, 2019 by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained.

As part of the site visit, SLCo provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

Mental health and substance use disorder services are contracted to outside providers. SLCo must ensure that subcontractors comply with all provisions listed in the DHS Contract with Local Mental Health Authority. The Governance and Oversight section of the review was extended to include some contracted providers to test for compliance. Site visits were done on Project Reality and Volunteers of America. The visits included a review of insurance, code of conduct, conflict of interest and licensing.

There is a current and valid contract in place between the Division and the Local Authority. Salt Lake County met its obligation of matching a required percentage of State funding.

As required by the Local Authority, Salt Lake County received a single audit for the year ending December 31st, 2017 and submitted it to the Federal Audit Clearinghouse. The firm Squire and Company, PC completed the audit and issued a report dated June 29th, 2018. The auditors' opinion was unqualified stating that the financial statements present fairly, in all material aspects, the financial position of Salt Lake County. In accordance with Government Auditing Standards and the OMB Compliance Supplement, the auditors also issued reports on internal control over financial reporting and compliance for each major Federal program. Substance Abuse and Mental Health were both identified as major programs and were selected for additional testing. No findings or deficiencies were reported in the audit.

**Follow-up from Fiscal Year 2018 Audit:**

**FY18 Minor Non-compliance Issues:**

1) *Subcontractor Monitoring:* The following issues were found:
   - SLCo contracts with Optum as a Managed Care Organization (MCO). The DHS Contract sets up a monitoring structure where DSAMH is responsible for monitoring SLCo, as a subrecipient of State and Federal funds. SLCo is then responsible to monitor Optum to ensure that Federal, DHS contract, Utah Code and Division Directive requirements are followed. The Division relies on SLCo's audit and reviews it each year as part of annual monitoring. This year, SLCo had not yet finalized their FY16 financial review of Optum and their FY17 review was still in progress. Provider monitoring should be completed at the time of the Division's scheduled site visit. It is essential that these reviews are completed timely so that any issues that have been identified can be addressed within a reasonable time frame. SLCo contracts for all services, so monitoring is now one of its primary functions and should be given a high priority. DSAMH will work with SLCo to schedule the annual site visit later in the year if needed.

     **This issue has been partially resolved.** Salt Lake County provided a completed copy of their FY18 clinical audit of Optum. However, they were only able to provide a draft of their FY17 financial audit of Optum for review. This issue will be continued in FY19, see Minor Non-compliance Issue #1.

   - During the review of SLCo subcontractor files, the DSAMH Substance Abuse Disorder team found two subcontractors (Project Reality and First Step House) that were not monitored in the previous year by SLCo as required by the DHS Contract and SAPT Block Grant.

     **This issue has been resolved.** All subcontractors were found to be monitored in the last year by SLCo.

   - Subcontractor files were reviewed at the Salt Lake County Health Department. All contracts were monitored, but one file was found to have an expired insurance certificate that was not addressed in the monitoring review.

     **This issue has been resolved.** All SLCHD subcontractors selected for review included all required and current documentation.

2) *Code of Conduct*: The DHS contract requires that the Local Authority and its contracted providers develop, maintain and enforce a Code of Conduct for the provision of services to its clients which includes the elements, and is at least as stringent as the DHS Provider Code of Conduct. Salt Lake County Health Department only has their employees sign the Salt Lake County Code of Conduct, but it is missing many elements from the DHS Provider Code of Conduct, only addressing employee conduct at work and not conduct between employees and their clients. SLCo has all of their employees sign both of these codes, SLCHD should ensure that any employees providing services under this contract do this also.

**This issue has been resolved.** Salt Lake County Health Department is now requiring any staff involved with prevention services through this contract to sign a DHS Code of Conduct. All personnel files selected for review included a signed copy.

3) *Contractor Compliance*: SLCo is required to ensure that all contracted service providers are complying with the provisions in the DHS contract. Some contracted providers are selected for sampling to test for contract compliance. During the review of Fourth Street Clinic, it was found that one employee did not have a current conflict of interest form completed. The previous form was completed in 2016 and stated that a potential conflict did exist. The DHS contract requires that all potential conflicts of interest are declared in writing and reviewed annually.

   **This issue has been resolved.** SLCo has received an updated conflict of interest form from Fourth Street Clinic. Reviews were done this year on two different contractors, no issues were found.

## Findings for Fiscal Year 2019 Audit:

**FY19 Major Non-compliance Issues:**

None

**FY19 Significant Non-compliance Issues:**

None

**FY19 Minor Non-compliance Issues:**

1) SLCo had completed their FY18 clinical audit of Optum, but had not yet finalized their FY17 financial report at the time of the site visit. They were able to provide a draft copy, but had not yet started their review of FY18.

**Center's Response and Corrective Action Plan:**

**Action Plan:** The FY17 Optum audit has now been completed and we agree it was delayed. This financial audit, unlike the clinical audit, is done retrospectively, not concurrently. Much of the financial information to be audited is not completed until after the annual PMHP Financial Report is submitted to the Department of Health in October of the following fiscal year. Our goal is to complete the audit at approximately the same time as the DOH independent auditors complete their audit of the PMHP Financial Report, which is typically completed in June of the year following the year being audited. We have an audit plan in process for FY18 and are making every effort to keep to this schedule.

**Timeline for compliance:** Immediately. FY18 should be completed by the end of June 2019. A copy will be sent to DSAMH at that time.

**Person responsible for action plan:** Ted Pierce

**FY19 Deficiencies:**

1) During the review of personnel files, it was found that two contained copies of expired licenses. Both licenses were found to be active, but documentation in the file had not been updated.

**Center's Response and Corrective Action Plan:**

**Action Plan:** We maintain a tracking schedule of when required personnel documentation is scheduled to expire. We will be watching the schedule more closely and following up with staff more aggressively to ensure compliance.

**Timeline for compliance:** Immediately

**Person responsible for action plan:** Eve Martinez

**FY19 Recommendations:**

None

**FY19 Division Comments:**

1) The Division appreciates SLCo's efforts in having the FY18 clinical review of Optum finalized and ready for review before the scheduled site visit.

**Mental Health Mandated Services**

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:
Inpatient Care
Residential Care
Outpatient Care
24-hour Emergency Services
Psychotropic Medication Management
Psychosocial Rehabilitation (including vocational training and skills development)
Case Management
Community Supports (including in-home services, housing, family support services, and respite services)
Consultation and Education Services
Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to "annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract." This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

## Child, Youth and Family Mental Health

Child, Youth, & Families team conducted its annual monitoring review at Salt Lake County on February 26th, 27th, and March 1st, 2019. The monitoring team consisted of Eric Tadehara, Assistant Director; Codie Thurgood, Program Manager; Mindy Leonard, Program Manager; and Wendy Mair, Family Mentor with the Utah Family Coalition (NAMI Utah). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires and a focus group. During the visit, the monitoring team reviewed the Fiscal Year 2018 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention funding; juvenile civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

### Follow-up from Fiscal Year 2018 Audit

**FY18 Deficiencies:**

1) *Youth Outcome Questionnaire (YOQ):* The frequency the YOQ is being administered is below the required guidelines of "every thirty days or every visit (whichever is less frequent)" as described in the Division Directives. In seventeen charts reviewed, only six charts showed evidence of the YOQ being administered within the required guidelines. It is recommended SLCo continue to hold trainings for their providers on the administration and clinical use of the YOQ to increase the administration rate to fall within the required guideline of "every thirty days or every visit (whichever is less frequent)."

   **SLCo has made improvements but the issue is not fully resolved and will be continued in FY19; see Deficiency #1.**

### Findings for Fiscal Year 2019 Audit

**FY19 Major Non-compliance Issues:**

None

**FY19 Significant Non-compliance Issues:**

None

**FY19 Minor Non-compliance Issues:**

1) *Access to care:* The number of youth who received services in SLCo showed a significant decrease from FY17 to FY18. In FY17, 6,684 children and youth were served while only 5,832 children and youth in FY18, representing a 12.75% decrease in the number of youth who received services. Areas of concern include the number of youth in need of services,

ages 5-17 receiving treatment, unfunded youth served, and youth served in schools. The table below illustrates each decrease in youth served from FY17 to FY18.

| Reduced Access: Overall and by Type of Service | | | | |
|---|---|---|---|---|
| | FY17 | FY18 | Number Decrease | Percentage Decrease |
| Total Children and Youth* | 6,684 | 5,832 | 852 | -12.75% |
| 5-17 Year Olds in Need* | 6,177 | 5,427 | 750 | -12.14% |
| Unfunded Youth* | 347 | 263 | 84 | -24.21% |
| School-Based Services* | 1,402 | 1,020 | 382 | -27.25% |
| School-Based Services+ | 757 | 461 | 296 | -39.10% |

** Published Children's Mental Health Scorecard*
*+Mental Health Early Intervention Reporting*

DSAMH recognizes some of the systemic issues that may have contributed to the decreases in children and youth receiving services, including HB239 and the Juvenile Justice Reforms which have been occurring over the past two years. Although these challenges exist, the decrease in the number of children and youth served was significant year over year.

**Center's Response and Corrective Action Plan:**

**Action Plan:** Further research into the 12.5 % reduction of services to youth in Salt Lake County indicates that 7% was attributed to youth who were eligible for Optum Medicaid from FY17 to FY18, versus those who were Unfunded. However, based on the data analyzed from the Medicaid 834 file dated May 6, 2019, there was a 5.6% reduction in eligible Optum Medicaid youth from the beginning of FY17 to the end of FY18. Therefore, 1.4% of the reduction occurred within the Medicaid youth population.

While Valley Behavioral Health (VBH) reduced their school based services in FY18, Hopeful Beginnings began to provide school-based services to Optum Medicaid eligible youth and expanded the availability of this important treatment option. Both agencies offer school-based services in Canyons and Murray School District, as well as a total of 5 charter schools between them. VBH has programming in all five Salt Lake County School Districts, while Hopeful Beginnings is working in Jordan School District with Herriman High School. As of the 4th quarter of FY19, SLCo youth are served in a total of 60 schools, ranging from elementary school through high school.

In November 2017, VBH also converted the ARTEC Campus into an adult residential substance use treatment program and transferred the ARTEC Day Treatment Program to their Parkview

Campus, reducing enrollment and renaming it AIM (Adolescents in Motion). The VBH DBT Day Treatment Program also experienced fluctuations in the volume of youth served due to staffing issues. At this same time, Hopeful Beginnings relocated and opened a day treatment program serving adolescents living with primary mental health issues, including those who discharge from inpatient treatment. Currently, they have 12 slots committed to treating youth eligible for Optum Medicaid.

In FY18, VBH also closed the iWRAP program and dissolved the Trauma and Abuse Unit for children. Other Optum agencies were available to offer these same services for Medicaid consumers in need of these specialties.

Since 2017, providers have indicated services rendered to youth with undocumented parents have significantly decreased. Families are concerned they may be deported and have discharged their children from treatment. Optum has worked with these providers to link families to Take Care Utah to receive support from primary Spanish speaking assistors who are familiar with these concerns and can help children and their families access needed treatment. In addition, providers with knowledge of the issues related to families facing these stressors are available in the network and representatives from community agencies serving immigrants are members of the Optum Cultural Responsiveness Committee (Asian Association of Utah, Multicultural Counseling Center, Community Action and Division of Child and Family Services).

Finally, the impact of HB239 cannot be overstated. Though admittedly there had been a slight downward trend averaging approximately 8.95% in the four years prior to HB239 being implemented, in the fiscal year immediately after HB239 took affect DBHS providers experienced a 67% decrease in services provided to the Unfunded population. DBHS spoke to all of the providers regarding this decrease and all attributed it to HB239. This was corroborated by Juvenile Justice Court. The system has yet to recover from this impact.

**Timeline for compliance:** Completed in FY19
**Person responsible for action plan:** Brian Currie, LCSW (DBHS) and Gina M. Attallah, LCSW (Optum)

2) *Treatment Plans and Objectives:* During the chart review process, five of the fourteen charts had inadequate updates or were completely missing the treatment plans. One treatment plan from the Trauma Awareness Treatment Center was completely missing from the chart. Two of the charts had history of treatment but no treatment plan until February 2019. The other two charts had outdated treatment plans without any current notes about treatment or diagnosis. The Division Directives state, "The current version of the approved Utah Preferred Practice Guidelines shall be the preferred standard for assessments, planning and treatment. At a minimum assessments, planning and treatment shall comply with the Medicaid Provider Manual and current Administrative Rule as described in R523." The Medicaid Provider Manual requires that the treatment plan "is current and accurately reflects the patient's rehabilitative goals and needed behavioral health services."

In six of the fourteen charts reviewed, measurable achievable objectives were lacking. Samples of the objectives written include, client will "maintain and deepen relationship with grandmother, increase client's sense of safety and well being." In accordance with the Preferred Practice Guidelines and ongoing planning principles, "short term goals/objectives are to be measurable, achievable and within a timeframe." One possible option for developing measurable goals is to train staff on utilizing SMART goals: Specific, Measurable, Attainable, Relevant, and Time-based.

**Center's Response and Corrective Action Plan:**

**Action Plan:** DBHS and Optum will complete an in-depth audit of Trauma Awareness and Treatment Center to include a site-visit and clinical records review. A corrective action plan will be requested for items which are out of compliance.

Regarding the network as a whole, Optum trainings will continue to emphasize the requirements for measurable and attainable objectives within treatment plans which guide treatment. Optum offered a mandatory provider training for clinicians focused on "The Golden Thread" in January 2019. Free CEUs were available and trainings were made available via WebEx and in-person to accommodate different learning styles.

**Timeline for compliance:** Audit of Trauma Awareness and Treatment Center will be completed by June 30, 2019. FY20 provider trainings with a clinical focus will include measurable treatment plans that drive treatment.
**Person responsible for action plan:** Lindsay Bowton, LCSW (DBHS)
Noelle Gardner, CMHC, and Randy Dow, LCSW (Optum)

**FY19 Deficiencies:**

1) *Youth Outcome Questionnaire (YOQ)*: The frequency the YOQ is being administered at is below the required guideline of "every thirty days or every visit (whichever is less frequent)" as described in the Division Directives. In six of the fourteen charts that were reviewed, there was no included YOQ data or evidence of use. In four of the charts, the YOQ was given, but not at regular 30 day intervals. Division Directives require that data from the OQ shall also be shared with the client and incorporated into the clinical process, as evidenced in the chart. The OQ is listed in the National Registry of Evidence Based Programs and Practices in the United States and has been adopted by State of Utah Local Mental Health Authorities (LMHAs) and by DSAMH. Salt Lake County and OptumHealth are encouraged to continue training efforts on appropriate clinical use of the OQ, particularly with the smaller provider agencies.

**Center's Response and Corrective Action Plan:**

**Action Plan:** Optum will continue to offer annual provider trainings with CEUs for beginner and advanced users of the OQ Measures Tools and the OQ Analyst. Trainings were provided via WebEx and in-person to accommodate different learning styles.

This is also part of the monitoring visits which DBHS and Optum perform. As necessary, providers need to submit action plans to come into compliance with this requirement whenever this is a finding.

**Timeline for compliance:** Provider trainings were offered in FY19 and will continue to be offered annually.
**Person responsible for action plan:** Brian Currie, LCSW (DBHS)
Randy Dow, LCSW and Gina M. Attallah, LCSW (Optum)

**FY19 Recommendations:**
None

**FY19 Division Comments:**

1) *Family Feedback and Family Resource Facilitation*: The Utah Family Coalition conducted a family feedback group with four families, which was held on 2/4/2019. Overall, families reported being very happy with the services they received from their Family Resource Facilitator (FRF). Several statements include, "Heidi advocated for us and taught us how to behave and get the most for our services;" and "my son really trusts Pamela and he doesn't trust many people, especially programs, teachers, and therapists."

   In addition to the feedback group, UFC collected 12 family feedback surveys. Four of the surveys responded that USARA was their most useful resource. SLCo has been responsive to the needs of families and individuals by providing increased and effective community based crisis response teams and increased peer support services across agencies.

2) *Volunteers of America (VOA) Homeless Resource Center:* The Homeless Youth Resource Center provides services for youth ages 15 to 22. They are able to provide a safe place to live, clothing, food, and clinical services including therapy and groups. VOA is providing job skills training through the Maud's Cafe within the center. The youth are able to practice basic life and professional skills such as conversation, dressing, and promptness. This program enables youth to go out into the community and start to apply for jobs as they transition out of the center.

3) *Hopeful Beginnings:* SLCo has contracted with Hopeful Beginnings to provide children's services throughout the County for those who have Medicaid. Hopeful Beginnings provides a continuum of care that includes transition programming for children and youth coming out of inpatient treatment services, day treatment, in-home therapy, respite services, and school-based services for youth with Medicaid.

## Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at Salt Lake County on February 26th, 27th, March 1st and 5th, 2019. The team consisted of Jeremy Christensen, Assistant Director, Pam Bennett, Program Administrator, Pete Caldwell, Program Administrator, Sharon Cook, Program Administrator, Heather Rydalch, Program Manager and Mindy Leonard, Program Manager. The review included: record reviews, and discussions with clinical supervisors and management teams, including Salt Lake County Division of Behavioral Health (SLCo), OptumHealth, and multiple providers and community partnerships throughout the County. Site visits were conducted at Fresh Start Valley Behavioral Health, and Volunteers of America, Utah. During the site visit, the team discussed and reviewed the FY18 audit findings; the mental health scorecard; area plan; Outcome Questionnaires; and SLCo's provision of the ten mandated services as required by Utah Code 17-43-301.

**Follow-up from Fiscal Year 2018 Audit**

**FY18 Significant Non-compliance Issues:**

1) *Safety-Related Documentation:* Sixteen charts were reviewed and four charts did not have a Columbia Suicide Severity Rating Scale (CSSR-S) when needed, reflective of the Salt Lake County Division of Behavioral Health Services (DBHS) Monitoring Report of Optum/Mental Health Services FY16 and FY17 findings. This finding also reflects the SLCo FY18 Monitoring Report of OptumHealth for Valley Behavioral Health and Tradewinds.

   **This finding has been resolved.** A review of charts from Valley Behavioral Health demonstrated that all charts (nine of nine charts) had a Columbia Suicide Severity Rating Scale and, when appropriate, a current Safety Plan.

2) *Data collection of Incarcerated Individuals*: Accurate data of incarcerated individuals with severe mental illness served in Salt Lake County has not been collected since FY12. DSAMH recognizes that this data is not collected by SL County Behavioral Health directly, but it is required for SLCo to collect and report the data annually. This finding has been moved to a Significant Non-compliance Issue due to the length of time that SL County has been out of compliance with this data finding.

   **This finding has been resolved.** A review of the FY18 Adult Mental Health Scorecard demonstrates collection of data for services received by incarcerated individuals.

**FY18 Minor Non-compliance Issues:**

1) *Use of OQ as an Intervention*: Division Directives require that data from the OQ shall also be shared with the client and incorporated into the clinical process, as evidenced in the chart. The OQ is listed in the National Registry of Evidence Based Programs and Practices in the United States and has been adopted by State of Utah Local Mental Health Authorities (LMHAs) and by DSAMH. During chart reviews, eleven of sixteen, or 69% of the charts had no evidence of integration of OQ as a tool in treatment. The SLCo DBHS Monitoring

Report of Optum/Mental Health Services FY16 and FY17 indicates that OptumHealth has provided training around treatment plan reviews and the OQ. This issue has been noted in DSAMH monitoring reports since FY14.

**SLCo has made improvements but the issue is not fully resolved and will be continued in FY19; see Deficiency #1.**

2) *SLCo/OptumHealth's Provider Charting (Goals/Objectives) and Outpatient Documentation:* This finding has been addressed in previous years, as charts continue to have insufficient documentation, including issues with assessments, absence of goals and objectives, and inadequate treatment plans. Similar findings were reflected in the audit report SLCo provided DSAMH that they had performed on Optum.

**There have been improvements and this finding has been partially resolved. Although creating measurable goals/objectives remains an issue, assessment updates (11 of 11 charts), follow-up after missed appointments (1 of 1 chart with missed appointments) and documentation of symptoms supporting the diagnoses (11 of 11 charts) were all seen in the FY19 DSAMH chart pull. This will be continued in FY19; see Deficiency #2.**

**FY18 Deficiencies:**

1) *Readiness, Evaluation and Discharge Implementation (REDI) Program:* The REDI program is a list of patients referred for discharge, and not yet discharged, from the Utah State Hospital (USH). At the time of the site visit, there were 14 patients from SLCo on the REDI list. SLCo is working to ensure patients ready for discharge are discharged from the USH within 30 days. In the past State fiscal year, the average annual number of days the patient has been on the REDI list is 102 days. 48% on the REDI list in the past State Fiscal Year exceeded 30 days on the list. Two of these clients were on the list for an extended period of time due to multiple complicated issues. If these outliers are removed, the average length of time on the REDI list for SLCo patients would be 43 days. DSAMH recognizes the barriers to discharge and the work being done by SLCo and OptumHealth on creative solutions, along with the development of additional affordable housing resources. DSAMH recommends SLCo continue to work with DSAMH and the USH to refine the discharge process, addressing barriers from intake and engaging high level processes to find sustainable solutions to difficult barriers.

**This issue has not been resolved and will be continued in FY19; see Deficiency #3.**

2) *Coordinated Transitions:* It was noted in the University Neuropsychiatric Institute FCA meeting that staff turnover in Valley Behavioral Health's Assisted Outpatient Team had impacted the transition from inpatient to outpatient care. In addition, there are barriers to tracking unfunded individuals that are released on civil commitment. These issues impact the ability of individuals to remain stable in the community.

**This finding has not been resolved and will be continued in FY19; see Minor Non-compliance Issue # 1 .**

## Findings for Fiscal Year 2019 Audit

**FY19 Major Non-compliance Issues:**

None

**FY19 Significant Non-compliance Issues:**

None

**FY19 Minor Non-compliance Issues:**

1) *Coordinated Transitions:* Barriers to tracking unfunded individuals that are released on civil commitment were noted in the FY18 Monitoring Report as a Deficiency. SLCo addressed the concerns regarding staff turnover with their primary provider in the FY18 Response and Corrective Action Plan.

   Individuals with Medicaid funding are tracked by OptumHealth. Individuals released on civil commitment who are covered by private insurance (with or without combined Medicaid funding) have not been tracked consistently after discharge into the community. These issues impact the ability of individuals to remain stable in the community. After initial discussions with DSAMH, SLCo has determined that these individuals will be tracked at the County level. The primary ongoing issues include methodology for identifying these individuals and their outpatient provider.

**Center's Response and Corrective Action Plan:**

**Action Plan:** If a client has Medicaid or is a Medicare/Medicaid client, Optum is responsible for tracking any civilly committed individual and those placed on an assisted outpatient treatment court order. For all other clients, DBHS is responsible to track any civilly committed individual and those placed on an assisted outpatient treatment court order. Regardless of who has responsibility to track the client, the process is as follows:

The total number of adults under commitment in Salt Lake County exceeds 300 individuals at any given time. DBHS/Optum works closely with the Court on tracking and determining the ongoing mental health services that are being provided to the committed persons with Medicaid only. DBHS/Optum receives an update from the civil commitment court clerk regarding upcoming hearings, transfers and terminations. Information for where the client is receiving treatment services is typically within these updates. DBHS/Optum will reach out to the listed provider to confirm that the client is receiving services and to request that they update the court, in time for the next hearing. DBHS/Optum educates their provider network to help them understand the commitment process, and how best to report back to the court, to advocate for their clients. Most committed individuals are placed with providers who offer case management and outreach. When a committed person stops engaging with treatment, their name is flagged within the mobile crisis outreach system to let them know that it is possible the individual will

need outreach to get back into treatment/services. The current commitment process is considered "voluntary" and requires that the individual is willing to engage and accept services/treatment.

Additional planning and discussion is anticipated this year around the implementation of SB 39 and court ordered assisted outpatient treatment requirements. If necessary, DBHS and Optum will modify and/or implement whatever is necessary to be compliant with the regulation.

**Timeline for compliance:** This has already been implemented as of March 1, 2019.
**Person responsible for action plan:** Brian L. Currie, LCSW (DBHS), Suzann Nowels, LCSW (Optum)

**FY19 Deficiencies:**

1) *Use of OQ as an Intervention*: The SLCo DBHS Monitoring Reports of OptumHealth Services FY16, FY17 and FY18 indicate that the OQ is not being used as a clinical intervention in treatment. A review of charts by DSAMH demonstrated that 45% (five of eleven) charts did not include the OQ as an intervention, which is a marked improvement from 69% (DSAMH findings in FY18) and 91% (SLCo findings in FY18). It is notable that a majority of charts reviewed by DSAMH came from the largest service provider (Valley Behavioral Health). Individual charts from Psychiatric Behavioral Solutions and Summit Counseling did not include the use of the OQ within the clinical documentation. Division Directives require that data from the OQ shall also be shared with the client and incorporated into the clinical process, as evidenced in the chart. The OQ is listed in the National Registry of Evidence Based Programs and Practices in the United States and has been adopted by State of Utah Local Mental Health Authorities (LMHAs) and by DSAMH. Salt Lake County and OptumHealth are encouraged to continue training efforts on appropriate clinical use of the OQ, particularly with the smaller provider agencies.

**Center's Response and Corrective Action Plan:**

**Action Plan:** Optum will continue to offer annual provider trainings with CEUs for beginner and advanced users of the OQ Measures Tools and the OQ Analyst. Trainings were provided via WebEx and in-person to accommodate different learning styles.

This is also part of the monitoring visits which DBHS and Optum perform. As necessary, providers need to submit action plans to come into compliance with this requirement whenever this is a finding.

**Timeline for compliance:** Provider trainings were offered in FY19 and will continue to be offered annually.
**Person responsible for action plan:** Brian Currie, LCSW (DBHS)
Randy Dow, LCSW and Gina M. Attallah, LCSW (Optum)

2) *SLCo/OptumHealth's Provider Charting (Goals/Objectives):* This finding has been addressed in previous years, as charts continue to have insufficient documentation, including issues with assessments, absence of goals and objectives, and inadequate treatment plans. Five of

eleven charts (45%) reviewed did not have measurable goals. This is an improvement from DSAMH monitoring findings in FY18 (62%) and SLCo monitoring findings in FY18 (77%). Of note, two of eleven charts that did not have behaviorally measurable goals/objectives did reflect effort. For example, one objective stated that the client "will increase collaboration with care team by 5% over the next 90 days". While this objective does include a "measurement", progress cannot be quantified without specific behavior changes detailed. In accordance with Preferred Practice Guidelines and ongoing planning principles, short term goals/objectives are to be measurable, achievable and within a timeframe. Salt Lake County and OptumHealth are encouraged to review trainings related to measurable goals/objectives to ensure objectives focus on discrete behavioral changes.

**Center's Response and Corrective Action Plan:**

**Action Plan:** Optum SLCo trainings will continue to emphasize the requirements for measurable and attainable objectives within treatment plans which guide treatment. Optum offered a mandatory provider training for clinicians focused on "The Golden Thread" in January 2019. Free CEUs were available and trainings were made available via WebEx and in-person to accommodate different learning styles. Valley Behavioral Health leadership were in attendance at these trainings. In FY19, VBH implemented a chart auditing procedure. They are using data analytics to identify charts for review and to be audited by clinical supervisors. Improvement has been noted, while they continue to address the needs for SMART treatment plans which drive treatment.

As noted, the majority of the records for the audit were requested for services rendered by one provider, which is not representative of the services provided in SLCo. DBHS and Optum have offered to provide data and/or to assist DSAMH with the chart selection process to improve the value of the strengths and issues identified during the records review process. It is difficult to make generalizations regarding the findings with a small sample and when 2% of the providers are represented.

Additionally, some of the requested records had services delivered in the previous fiscal year. This means what was being reviewed had no opportunity for improvement because DBHS either had not yet received the DSAMH monitoring report or there had not been enough time to implement the required changes. DBHS and Optum suggest DSAMH consider requesting records for those whose services are delivered in the current fiscal year, so the impact of the action plan from the previous year may be better assessed. In spite of these issues, we appreciate the acknowledged improvement.

**Timeline for compliance:** FY20 provider trainings with a clinical focus will include measurable treatment plans that drive treatment.
**Person responsible for action plan:** Brian Currie, LCSW (DBHS) and Randy Dow, LCSW (Optum)

3) *Readiness, Evaluation and Discharge Implementation (REDI) Program:* The REDI program is a list of patients referred for discharge, and not yet discharged, from the Utah State

Hospital (USH). The average number of days on the discharge list has improved from 102 (FY17) to 79.3 (FY18). Two individuals with extended time on the list due to complex histories were discharged in FY18. When outliers are removed, the average length of time is 43 days on the list (FY17 and FY18). DSAMH recommends SLCo continue to work to refine the discharge process, addressing barriers from intake and engaging high level processes to find sustainable solutions to difficult barriers. SLCo is encouraged to ensure patients ready for discharge are discharged from the USH within 30 days.

**Center's Response and Corrective Action Plan:**

**Action Plan:** We appreciate the acknowledgement of the significant reduction of the duration members remained on the REDI list from FY17 to FY18. Optum's liaison to the Utah State Hospital will continue to facilitate discharges from the Utah State Hospital into the Salt Lake County Community.

**Timeline for compliance:** DSAMH has reported the REDI List is currently under construction. Once complete, DBHS and Optum will work with USH to discharge consumers with forensic backgrounds when appropriate housing and services can be arranged to promote the individual's recovery and to protect the community. DBHS/Optum last placed a consumer from the community into the USH Civil Unit before January 2019, as individuals have been moved from the USH Forensic Unit into any available beds since. With limited housing availability in the community, finding housing for those with a history of arson, sex offenses and murder is even more challenging. DBHS and Optum understand the value of housing in the process of recovery and have invested in two new housing projects. Denver Street is scheduled to open October 2019, and the First Step House Supportive Living Program has broken ground and will open around June 2020.
**Person responsible for action plan:** Brian L. Currie (DBHS), Jonathan Erbe, CMHC and Connie Mendez, LCSW, MBA (Optum)

**FY19 Recommendations:**

1) *Residential Services:* DSAMH recommends that Salt Lake County prioritize the development of residential services for adult mental health clients. As reviewed in the FY18 DSAMH Monitoring Report, residential adult mental health beds provided by CORE, CORE II, and Summit/Highland Ridge are not sufficient for Salt Lake County, who provides services for over 25% of the adult mental health clients served in the public system (FY18 Mental Health Scorecard). DSAMH encourages SLCo to continue to address limitations in the residential services provided, in order to provide a full continuum of care for SLCo clients. This was also a recommendation in FY18.

**FY19 Division Comments:**

1) *Peer Support:* Salt Lake County has the highest Peer Support rate in the state at 11.8%. Salt Lake County fosters an environment for the Peer voice. Peer Support Specialists are able to perform Peer-related work tasks in various settings, including Fresh Start at Valley Behavioral Health (VBH). Fresh Start offers clients social activities, including fitness, art, and volunteering at the in-house store. Fresh Start receives most referrals from VBH

therapists and case managers and has an average daily attendance of approximately 30 participants. Peer Support Specialists are providing groups, assisting with care plans and Peer Support Specialists in the Masters Program are working with clients 55 and older. Storefront clients who are experiencing homelessness and a majority of the clients stated they are not receiving employment services at Fresh Start. Clients stated that if they are interested in working, they need to follow-up with their case manager. Clients reported that Fresh Start is a "safe place." One client mentioned, "I come here because of the people. My Peer Support Specialist gives me support." Participants reported Fresh Start allows them to avoid isolation and make friends.

2) *Supported Employment/Individual Placement and Support (SE/IPS)*: Salt Lake County has implemented an evidence-based practice for Supported Employment services at three sites. All three sites are utilizing the IPS model to fidelity. Alliance House is near completion for their baseline fidelity review. Volunteers of America (VOA) Cornerstone Counseling and First Step House are in the process of scheduling baseline fidelity reviews in April and May, respectfully. All of the sites' employment specialists have received IPS online training as well as ACRE certification. This certification allows the sites to provide vendor/Community Rehabilitation Program services for Vocational Rehabilitation. All sites also receive ongoing IPS training from DSAMH's IPS statewide trainer. It is evident that Salt Lake County is adhering to Employment First and assisting their clients with competitive and integrated employment.

3) *Salt Lake County Monitoring and Oversight:* Salt Lake County Division of Behavioral Health Service completed a comprehensive annual review of documentation for Medicaid services provided by OptumHealth and subcontractors. Efforts to address several previous findings were evident. Specifically, a review of charts demonstrated improvement in the use of the C-SSRS, use of the OQ, and treatment documentation.

4) *Volunteers of America, Utah (VOA):* DSAMH staff visited the VOA Vocational and Employment Services Team (VEST) and Intensive Case Management (ICM) programs. The VEST program is an employment program using the Individual Placement and Support (IPS) model. They have a supervisor and two employment specialists on staff that provide services to 36 individuals. They are looking forward to an upcoming fidelity review and are eager to learn where they can improve. The ICM program is an important part of homeless services in Salt Lake County. Although the program only has one case manager (another will be hired in the future), they are able to take on difficult clients and assist with housing retention, benefits enrollment, access to treatment and other case management duties. DSAMH commends VOA on the efforts they have put into these promising programs.

## Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Salt Lake County Health Department Prevention on February 26th, 2019. The review focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

### Follow-up from Fiscal Year 2018 Audit

**FY18 Deficiencies:**

1) SLCHD saw a decrease in the number of Eliminating Alcohol Sales to Youth (EASY) compliance checks for a fourth year. In FY16, SLCo had 378 compliance checks completed compared to 310 in FY17.

   **This issue is resolved.** In FY18, the EASY compliance checks increased to 424 checks. This is an increase of 114 checks from 310 in the FY17.

### Findings for Fiscal Year 2019 Audit

**FY19 Major Non-compliance Issues:**

None

**FY19 Significant Non-compliance Issues:**

None

**FY19 Minor Non-compliance Issues:**

None

**FY19 Deficiencies:**

None

**FY19 Recommendations:**

1) *Health Community Coalition (HCC):* It is recommended that SLCHD continue to work with the Health Community Coalition to draft priority issues for each HCC. SLCHD reported that they have been working on this and during the past two months have been able to narrow down the priority issues. They are also in the process of creating a team to work on this, which will include their Prevention Regional Director. It is recommended that SLCHD continue to work with their Prevention Regional Director and the new team in drafting priority issues for each HCC.

**FY19 Division Comments:**

1) *Continuum of Evidence-Based Prevention Services:* SLCHD has a large continuum of evidence-based prevention services and contracts with eighteen providers to provide universal, selective and indicated prevention programs. These providers include Salt Lake County Aging Services, Asian Association of Utah, Big Brothers Big Sisters, Boys and Girls Club of Greater Salt Lake, Centro De La Familia, Cornerstone Counseling Center, Grandfamilies, Granite School District, Housing Authority, Urban Indian Center, Neighborhood Action Coalition, Project Reality, Salt Lake School District, Spy Hop Productions, South Salt Lake Drug Free Youth, Valley Mental Health and Youth Services. The services provided through these providers have produced positive outcomes for their community.

2) *Building Community Capacity:* SLCHD uses tested, effective prevention operating systems to build community capacity. They have increased their efforts related to training and coaching in evidence-based practices in the Community That Cares (CTC) Model, provided SAPST training for community and county stakeholders and have served as the county liaison for Eliminating Alcohol to Sales for Youth (EASY) compliance efforts and community engagement. They have encouraged other community-based organizations in their county to align with evidence-based community processes such as the CTC and the Community Anti-Drug Coalitions of America (CADCA) Models. Through these efforts, SLCHD has been able to successfully build community capacity and strengthen coalition efforts.

3) *Increased Integration Between Behavioral and Public Health:* SLCHD had great success in FY16 working with the Health Department's Community Services and is now part of this department. SLCHD is in a great position to collaborate with tobacco prevention and other behavioral health related programs. Expectations for next year are to include a youth tobacco coalition and coordinate EASY with SYNAR tobacco checks regarding the identification of complicit communities and retailers. SLCHD will work with the Health Department's Injury Prevention in establishing a County Health Department-wide prescription overdose prevention strategy. SLCHD will work with the Health Department's Water Quality in developing a prescription drug Safe Disposal strategy which will include adding drop-boxes to local retail pharmacies.

## Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the annual review of Salt Lake County Behavioral Health Services on February 26th, 2019. The visit focused on Substance Abuse Prevention and Treatment (SAPT) block grant compliance, compliance with Division Directives and Contracts, SLCo's monitoring of contracted programs and their providers compliance with contract and clinical requirements. Block grant compliance was evaluated through a review of provider contracts, discussions with staff members and a review of SLCo's audit reports. Compliance with Division Directives was evaluated by reviewing SLCo's audit instruments and procedures, reviewing provider contracts, comparing program outcome measures against DSAMH standards and visits with SLCo's agencies' staff members. Monitoring of clinical practices was evaluated by reviewing SLCo's audit reports, audit instruments, procedures and discussions with staff responsible for the audits of contracted providers.

**Follow-up from Fiscal Year 2018 Audit**

**FY18 Minor Non-compliance Issues:**

1) The FY16 Utah Substance Abuse Treatment Outcomes Measures showed:

    a) From FY15 to FY16, the percent of abstinence from alcohol use decreased from 20.6% to 13.6% respectively, which does not meet Division Directives. In FY17 the percentage went to 17.7%, so this will continue to be a minor non-compliance finding.

    *Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from alcohol from admission to discharge at a rate that is greater than or equal to 75% of the national average. Abstinence from alcohol is defined as no alcohol use for 30 days.*

    **This issue has been resolved.** Alcohol abstinence from admission to discharge decreased from 17.7% to 15.2% from FY17 to FY18 respectively, which now meets Division Directives.

**FY18 Deficiencies:**

1) *Treatment Data Episode Set (TEDS):* DSAMH requires local authorities to report whether clients have been "compelled" to treatment by the justice system. This has been required since January 1, 2016. DSAMH recognizes the effort SLCo has made to train and educate providers on this requirement. However, 31.1% of all SLCo's TEDS submissions for the first six months of FY17 did not include this information, which is required to track outcomes related to Utah's Justice Reinvestment Initiative. Please continue to reinforce with contracted providers the importance of tracking this information.

    **This issue has been resolved.** In FY18, 100% of the data was collected for Adults Compelled to Treatment in a non-detox setting in the criminal justice system, which meets Division Directives.

**Findings for Fiscal Year 2019 Audit:**

**FY19 Major Non-compliance Issues:**
None

**FY19 Significant Non-compliance Issues:**
None

**FY19 Minor Non-compliance Issues:**
None

**FY19 Deficiencies:**
1) *JRI Data:* The Treatment Data Episode Set (TEDS) shows that 37.4% of the criminogenic risk data was not collected for adults compelled to treatment in a non-detox setting in the criminal justice system, which does not meet Division Directives. There can be only 10% or less of data not collected for adults compelled to treatment in the criminal justice system.

**Center's Response and Corrective Action Plan:**

**Action Plan:** The finding of 37.4% of Criminogenic Risk reported as 'Not Collected' where the Compelled was reported as 'Yes' is based on each enrollment in a level of care. When the new elements for Justice involved collection were discussed it was explained that many of the clients seen in DBHS providers would be given the approved screening at a JRI authorized agency and then continue the episode of Treatment at the same agency or transfer to another agency. The State responded at the time that as long as it is captured at any point in the episode it would be considered valid and acceptable. It is repetitive and inefficient to rescreen a client each time they move in level of care thus the Criminogenic Risk score is reported as 'Not Collected' as the instrument is not always re-administered during the episode of care.

This issue needs to be discussed further with DSAMH to find a resolution.

**Timeline for compliance:** Dependent on discussions with DSAMH
**Person responsible for action plan:** Cory Westergard

2) *Old Open Admissions:* SLCo had 6.4% old open admission rate, which does not meet the Division Directives. There can only be 4% or less of old open admissions.

**Center's Response and Corrective Action Plan:**

**Action Plan:** DBHS sends out monthly reports to all UWITS providers with all openly enrolled clients and their last documented encounter by date as a mechanism for providers to manage their open clients. For Valley Behavioral Health we are working with their IT data people using the SAMHIS Open client reports to clean up any old open enrollments, usually from their legacy

system. We will continue to monitor these older open records to ensure that only those served remain open.

**Timeline for compliance:** Ongoing
**Person responsible for action plan:** Cory Westergard

**FY19 Recommendations:**

1) *Tobacco Free Environment:* SLCo reports that most of their contract providers have a tobacco free environment, except for one program. When SLCo discovered this, they developed an action plan with this program to become tobacco free. It is recommended that SLCo continue to work with this program in helping them become tobacco free.

2) *SLCo Monitoring Tool:* There are a few Substance Abuse Prevention and Treatment (SAPT) Block Grant requirements which SLCo is not monitoring at their Site Visits. These areas include: (1) Notifying DSAMH within 7 days when the program reaches 90 percent of its treatment capacity (2) Discussing the risks associated with needle sharing. SLCo stated that they would add these questions to their monitoring tool. DSAMH recommends that SLCo follow through in adding these questions to their monitoring tool to ensure that providers are meeting all of the SAPT Block Grant requirements.

**FY19 Division Comments:**

1) *Continuum of Treatment Services:* SLCo has the largest continuum of behavioral health services in the State, which includes outpatient, intensive outpatient, residential and recovery support services. Their provider system has been in place since 1977, which has provided quality services over the past several years. Through their partnership with OPTUM Mental Health, they have been able to expand their services to individuals on Medicaid and Medicare. They expanded their residential beds through the use of Targeted Adult Medicaid (TAM) from 170 - 440 beds over the past year. SLCo has also expanded housing options in their community. Through their partnership with First Step House, they have been able to develop transitional housing services and add mental health services. SLCo is a leader in providing innovative services that meets the needs of their community.

2) *American Society of Addiction Medicine (ASAM):* SLCo is the only Local Authority in the State that has a full ASAM continuum of services. They were one of the early adopters of ASAM in the Local Authority System and have taken the lead in providing training and technical assistance to providers and collaborative partners on this model. SLCo has been able to use ASAM effectively to place individuals in the appropriate level of care, which has improved outcomes.

3) *Quality Assurance:* The SLCo Quality Assurance Team has been providing effective quality assurance services for providers over the past several years. They meet with their providers yearly to review administrative and clinical services. In the site visits, SLCo reviews charts, clinical services, programs and financial records. Through these site visits, they are able to address staff / client concerns immediately and provide technical assistance. SLCo's site reviews focuses on "Strengths and Improvements," which provides positive reinforcement

for providers. SLCo has high standards for their quality assurance measures and continue to make improvements to their monitoring tool and practices each year. Their quality assurance team has been able to help providers improve outcomes for their program.

# Section Two:  Report Information

## Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within **10 working days** of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within **15 working days** of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.
A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Salt Lake County and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter Chad Carter Date June 4, 2019
Auditor IV

Approved by:

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Administrative Services Director

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Assistant Director Children's Behavioral Health

Jeremy Christensen Jeremy Christensen Date June 5, 2019
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Doug Thomas Doug Thomas Date June 7, 2019
Division Director

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| Doug Thomas<br>dothomas@utah.gov<br>Director<br>Security Level: Email, Account Authentication (None)<br><br>**Electronic Record and Signature Disclosure:**<br>Accepted: 8/21/2017 12:22:51 PM<br>ID: d9991105-4e0a-46bf-a7ac-3e6ad7a79bdd |  <br>Signature Adoption: Pre-selected Style<br>Using IP Address: 174.208.24.217<br>Signed using mobile | Sent: 6/7/2019 10:01:14 AM<br>Viewed: 6/7/2019 12:06:21 PM<br>Signed: 6/7/2019 12:06:31 PM |

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| Envelope Sent | Hashed/Encrypted | 6/7/2019 12:06:36 PM |
| Certified Delivered | Security Checked | 6/7/2019 12:06:36 PM |
| Signing Complete | Security Checked | 6/7/2019 12:06:36 PM |
| Completed | Security Checked | 6/7/2019 12:06:36 PM |

| Payment Events | Status | Timestamps |
|---|---|---|

## Electronic Record and Signature Disclosure

## CONSUMER DISCLOSURES

### Obtaining copies of documents

You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you.

### To advise State of Utah Department of Human Services of your new e-mail address

To let us know of a change in your e-mail address where we should send notices or amendments electronically to you, you must send an email message to us at bcmcontracts@gmail.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address.
In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

### Required hardware and software

| | |
|---|---|
| Operating Systems: | Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X |
| Browsers: | Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only) |
| PDF Reader: | Acrobat® or similar software may be required to view and print PDF files |
| Screen Resolution: | 800 x 600 minimum |
| Enabled Security Settings: | Allow per session cookies |

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

### Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the ‘I agree’ button below.
By checking the ‘I agree’ box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and

- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and

- I consent to receive through electronic means contracts, amendments, notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by State of Utah Department of Human Services during the course of my relationship with you.